


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00


FILED
Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 464197 (3)			
1. Corporation Name GENERAL AWARDS, INC.			
Principal Place of Business 7715 NW 64 ST MIAMI FL 33166		Mailing Address 7715 NW 64 ST MIAMI FL 33166-2719	



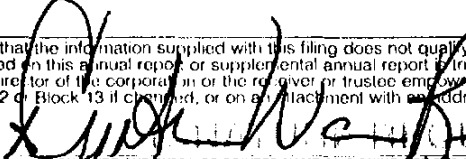
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1974		3a. Date of Last Report 04/08/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1662523		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MANUEL J SEDANO 11200 N W 60TH CT HIALEAH FL 33012				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VS	<input type="checkbox"/> DELETE		1.1 TITLE	VICE PRES - ASST. SECY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEDANO, MANUEL J.			1.2 NAME			
STREET ADDRESS	11200 N.W. 60TH COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP			
TITLE	SDT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAAS, RHODA J.			2.2 NAME			
STREET ADDRESS	4952 S.W. 101ST AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL			2.4 CITY-ST-ZIP			
TITLE	TPD	<input type="checkbox"/> DELETE		3.1 TITLE	PRESIDENT - TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAAS, CYNTHIA			3.2 NAME			
STREET ADDRESS	P O BOX 394			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUGARLOAF NY			3.4 CITY-ST-ZIP			
TITLE	PSD	<input type="checkbox"/> DELETE		4.1 TITLE	EXECUTIVE VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSSIYAN, NICHOLAS			4.2 NAME	SECRETARY		
STREET ADDRESS	P O BOX 394			4.3 STREET ADDRESS			
CITY-ST-ZIP	SUGARLOAF NY			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  3-19-97 3055923346

CR2E034 (9/96)